

Instructions for Remote Workers — Completing the Form I-9 Employment Verification

Federal Law requires Carnegie Mellon University to have a valid Form I-9 on file for every employee, and requires the employee to complete the Form I-9 no later than three business days from their employment start date. The Form I-9 has two sections: Section 1 is completed and signed by the employee, and Section 2 is completed and signed by the employer (or authorized representative) after examining the employee's original documents (see [List of Acceptable Documents](#)).

Because the university employs individuals in a variety of locations across the United States, it may not be possible for the employee(s) to travel to a Carnegie Mellon University office location to complete their Form I-9. The following process is to be followed for any employee whose work location is not a Carnegie Mellon site or who is unable to travel to a Carnegie Mellon University campus to complete their Form I-9. **THIS PROCESS IS NOT TO BE USED BY EMPLOYEES IN PITTSBURGH.**

Process for completing the Form I-9 at a remote location:

1. You (employee) completes Section #1 (found on page 3) by the first day of employment, either before visiting a designated representative or in the presence of the designated representative. You will need to take the Form I-9 and your document(s) from the [List of Acceptable Documents](#) to the designated representative to complete Section #2. The designated representative can be a Notary Public ([find a notary](#)), or you can call the [CMUWorks Service Center](#) to locate another university or school in your area where you can complete Section #2.
2. When you visit the designated representative, **please provide them with our instructions for completing Section #2 (found on page 2)**. If they have questions or concerns, they should call the contact number listed on the instructions.
3. Please send us the original completed form (not a photocopy) **and** a copy of the documents you presented to the representative. These must be postmarked no later than three business days from your employment start date. Please mail the necessary information to:

**CMUWorks Service Center
Attn: I-9 Processing
4516 Henry St.
Pittsburgh, PA 15213**

Failure to complete the Form I-9 in a timely manner will delay important onboarding items including access to university systems, the ability to complete benefit elections (if applicable), setting up payment elections (direct deposit), and tax withholding elections (federal, state and local taxes). If you have questions regarding the process for completing Form I-9 verification for off-site employees or the other required Carnegie Mellon University onboarding steps, contact the CMUWorks Service Center at 412-268-4600 or email us at cmu-works@andrew.cmu.edu.

Instructions for Designated Representatives completing Section #2 of the Form I-9:

Thank you for completing Section #2 of the Form I-9 Employment Authorization on behalf of Carnegie Mellon University (CMU). Please follow these steps to complete the form accurately and completely. You can also find detailed instructions and frequently asked questions at the [United States Citizenship and Immigration Services I-9 Central](#).

1. The CMU employee will present to you the Form I-9 with Section #1 already completed, or they may complete Section #1 in your presence.
2. Please complete Section #2 on the second page of the form. We have pre-populated the employer name and address for your convenience.
3. Examine the documents presented by the employee from either List A or List B and C of the [List of Acceptable Documents](#). *Please note: the documents presented must be the original documents. You may not accept a picture, photocopy, video, etc. of the List A or List B and C documents.* If the employee does not have the original document(s), they will need to return with them to complete the form.
4. Please fill in the required information and make a legible copy of the documents that were presented to you.
5. **Notary Publics: Please do not stamp the Form I-9 with your seal.** You are completing Section #2 on behalf of Carnegie Mellon University and acting as one of our authorized representatives, not as a notary.

If you have any questions regarding the form or instructions, please contact Gregory Shughart, HCM Support Manager in the CMUWorks Service Center, via email at gshughar@andrew.cmu.edu or by calling **412-268-4600**.

Regards,

Gregory Shughart

Gregory Shughart, HCM Support Manager
Carnegie Mellon University



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Carnegie Mellon University	
Employer's Business or Organization Address (Street Number and Name) 5000 Forbes Avenue		City or Town Pittsburgh	State PA	ZIP Code 15213

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.